

FREDERICK COUNTY SHERIFF'S OFFICE
**PHYSICIAN'S AUTHORIZATION TO PARTICIPATE
IN PRE-EMPLOYMENT PHYSICAL AGILITY TESTING**

Instructions to Candidate: Clearly complete items #1 and #2, initial items #4 and #5, date and sign the form at the bottom. Present this form to your personal physician who is to complete, sign and date item #3. Bring this completed form with you to the physical agility test site on the date of your scheduled testing. This completed form must be presented for participation in the physical agility testing.

(#1) _____ has requested to participate in the hiring process for the
(candidate full name)

position of **(#2)** _____ with the Frederick County Sheriff's Office.
(title of position applied for)

A brochure describing the physical agility testing requirements has been provided to this candidate, to assist the candidate and the personal physician in assessing the candidate's ability to safely participate in the physical agility testing.

The physician may contact the Frederick County Sheriff's Office, Administration Bureau, Training Services (301-600-4060) with any questions concerning the physical agility testing.

(#3) To be completed by Physician:

The candidate named above is medically authorized to participate in the physical agility testing.

(circle one) YES NO

Limitations: _____

Special Accommodations: _____

Physician Name (printed): _____

Physician address: _____

Physician telephone number: _____

Physician signature: _____ Date: _____

(#4) _____ I understand that any examination(s) or medical testing required by my physician pertaining to this authorization will be at my personal expense.

(#5) _____ I hereby release the Frederick County Sheriff's Office from any and all liability that may occur as a result of my voluntary participation in the physical agility testing administered by the Frederick County Sheriff's Office.

(candidate signature)

(date signed)